

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 08-20-2008

Address: CR 75W n/o CR 75S

Case #: 32-28777

Sullivan, IN

County: Sullivan

47882

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☒ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☒ Open - No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: Ditch
☐ Water Reactive Metal (Lithium): _____
☒ Anhydrous Ammonia: Ditch
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Corrosive Acid: ditch
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☐ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☐ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: Sullivan FD

Fax: 812-268-5837

Health Department: Sullivan County

Fax: 812-268-0423

Child Protection Service: N/A

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Ritch A. Reynolds Phone (812)299-1153

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.